



Vermont State Report
December 2003

Children's UPstream Services Outcome Report

John D. Burchard, Ph.D.
Theodore A Tighe, Ph.D.
Nancy G. Pandina, Ph.D.

The Evaluation Team
Child, Adolescent and Family Unit
Vermont Department of Developmental and Mental Health Services

And

The University of Vermont



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CUPS Evaluation Highlights Parents and Children Receiving Direct Services

134 parents of children ages 1 to 6 participated in the evaluation.

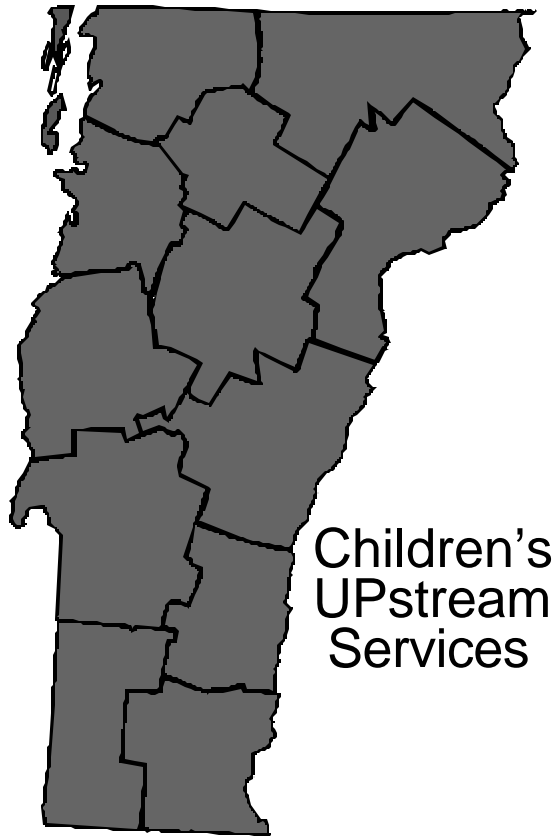
- 67% of the children had severe emotional problems
- 33% of the children were at risk of severe emotional problems
- 62% of parents reported high levels of stress
- 77% of families had inadequate income based on a livable wage
- 53% of families had less than adequate childcare

Significant positive changes were reported after six-months of CUPS services which appear to be maintained after one-year.

- Parent's stress was reduced.
- Children's emotional problems decreased.
- Parent's were more satisfied with their children's progress than before CUPS

These positive changes show a foundation is being built for success in school.

CUPS



State of Vermont Children's Upstream Services Outcome Report

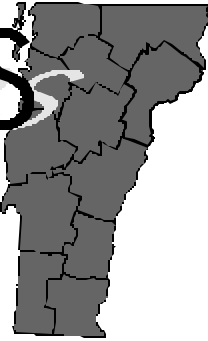
The report is about Children's UPstream Services (CUPS) in the State of Vermont through June 30, 2003. Families have been assisted with the challenges their children face through training of child care workers and consultation to child care providers. Many families have also received direct services.

The information for the direct services evaluation was provided by 134 of 2392 families enrolled in CUPS direct services between January of 1999 and June 2003, and it was gathered by independent interviewers. This portion of the report tells the story of these children and their families: who they are, how they are doing, what is helping and what is needed.

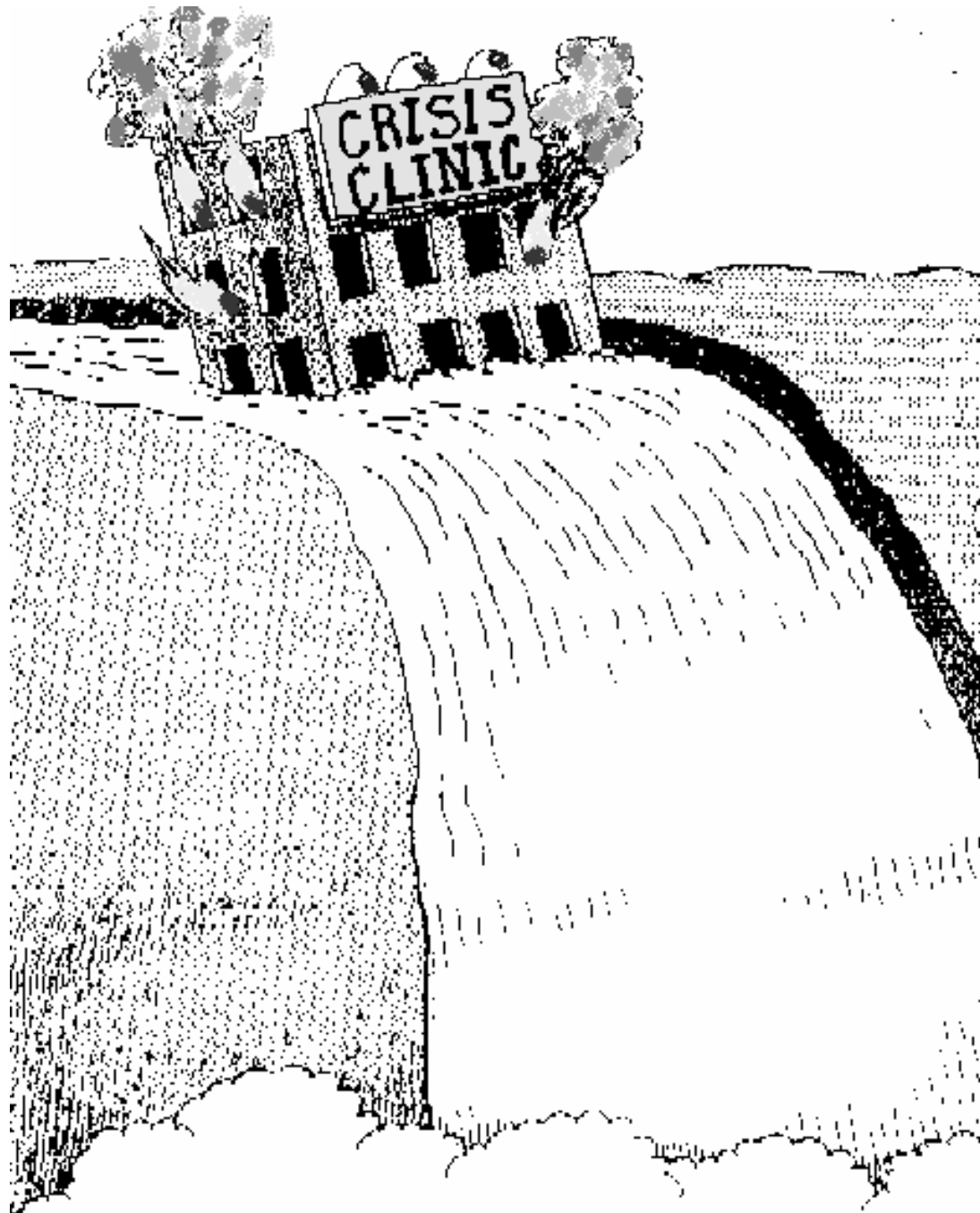
Families involved with CUPS have multiple, complex needs, and they face many challenges. The report is from the parents' perspective. It is one way of looking at the effectiveness of many agencies working collaboratively to help meet their needs and challenges.

CUPS

Children's
UPstream
Services



This Gary Larsen cartoon has served as a symbol for the CUPS concept. The waterfall represents one of the many transitions in a child's life, like entering school. CUPS workers are attempting to resolve developmental crises, before the child has made a rough transition. It is much better to help children negotiate the waterfall safely, than to offer help only when they have crashed at the bottom.





CUPS was begun with an Invitation to Vermont Communities

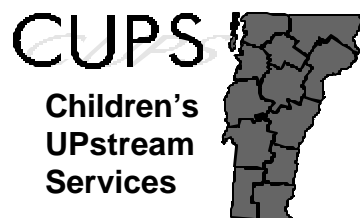
In January of 1998, *An Invitation to Promote Children's UPstream Services (CUPS)* was sent to the 12 Community Partnerships that represent each Agency of Human Services regions in State of Vermont. The invitation was to build the capacity of each community to fund, administer, and deliver direct behavioral health treatment for families with young children aged 0 – 6, and behavioral health training and consultation for the early childhood system of care. Though the plans were individualized, they all included the following common elements:

- Support and preserve families with young children
- Strengthen the behavioral health of families with young children
- Increase the incidence of children entering kindergarten with the emotional and social skills necessary to be active learners in school



The CUPS workers are part of a System of Care for Young Children and Their Families that is more than direct mental health services.





Who is involved in CUPS?

12 Regional Teams

Includes over 26 FTE CUPS workers who deliver key services such as intervention (crisis outreach, case management, intensive home-based services, respite care, etc) also training and consultation for child care and other service providers, and other services such as flexible funding or parent peer support.

Learning Team

A group of a dozen or so Vermont experts about early childhood and mental health who consult together to develop training and technical assistance opportunities for the regional teams.

State Outreach Team

An interagency group consisting of State Agency or Department Directors (from the Agency of Human Services' Secretary's office, Social Welfare, Social and Rehabilitation Services, Child Care Services Division, Mental Health, Health, Education) and parent representatives. This team advises the regional teams through annual site visits.

Family Consortium

Representatives from statewide family advocacy and support organizations that meet monthly to advise the Child, Adolescent and Family Unit of the Division of Mental Health on how to build family participation in CUPS.

Evaluation Team

A team who collects data through phone interviews and produces reports about the effect of CUPS direct services for children and families.



CUPS Training Events

Presented by Regions

April 1, 1999 - September 30, 2003

CUPS trainings have provided a common language for parents and providers across the early childhood system of care. They have brought a broad and deep understanding of the issues confronting all families with young children.

Growth & Development	139
Behavioral Issues	108
Collaboration	185
Self-Care	42
Parent Support Groups	132
CUPS Program/Resources	160
Stress Management	12
Environment & Behavior	35
Psychological Trauma	18
Sexual Abuse	4
Substance Abuse	15
School Transitions	7
Nurturing Relationships	102
Assessing Child's Needs	45
Special Topics	29
Maternal Depression	6
Literacy Training	3
Domestic Violence	11
Multicultural Issues	12
Total Trainings	1065

CUPS Training Events

Growth & Development

Overview
Toddler development
PDD Autism
Social & emotional development
Early brain development
Temperament

Behavioral Issues

Challenging behaviors
Conflict resolution
Behavior management
Bedtime challenges
Angry child
Biting

Collaboration

Interagency
Parent/provider teams
Communication
Building relationships
Family friendly work
Transference/counter

Nurturing Relationships

Attachment
Positive parenting
Effective discipline
Strength-based
Resiliency

CUPS Program/Resources

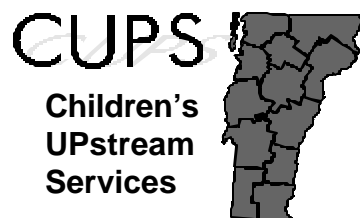
Detangling the web
How to make CUPS work
for your organization
Referral & assessment
Community College of Vt



CUPS workers have provided valuable onsite assistance to families and a wide range of community service providers. This helps providers deal with emotional and behavioral and developmental issues of children within their own environments. CUPS provided a total of 11,221 hours of consultation.

CUPS Consultations by Provider Type	
(October 1, 1998 - September 30, 2003)	
Child Care Center	1857
Parent Child Center	344
Home Care Provider	841
Triple E	166
Preschool	316
Family Infant Toddler	112
Early Childhood Programs	279
School/Teams	327
Private therapist/Counselor	13
Health Professionals	82
Head Start	618
Child Care Resource & Referral	60
Other Mental Health Center Staff	1178
Parent/Child	628
College/University	15
Advisory Boards	32
Other Community Agencies	76
Community Groups/Associations	13
Child Development Center	26
Child Protection Services	86
Total	7069

CUPS Consultations



Who is CUPS serving with direct services?

The Evaluation Team started collecting basic demographics of all children and families served directly by CUPS workers beginning April 1, 1999. There were 2392 families served through June 30, 2003, with a total of 60,788 hours of direct service. These families either have a child aged 0 – 6 who was experiencing or at risk of experiencing severe emotional disturbance or they had a parent under age 22 who was experiencing severe emotional disturbance.

Families using CUPS direct services between April 1, 1999 - June 30, 2003		
	Children	Adults under Age 22
Female	829	74
Male	1435	3
Missing Gender Data	40	2
Total Served:	2304	79
White American	1771	39
African American	42	1
Hispanic	32	1
Native American/Alaskan	3	
Asian/Pacific Islander	4	
Native Hawaiian	1	
French Canadian		
Unknown Race/Ethnicity	440	38
Other	11	0
Total Served:	2304	79



Criteria for Being in the Direct Services Evaluation

- Family with a young child (0-6) with or at risk of developing a severe emotional disturbance
- Receiving CUPS direct services at intake
- Working with two or more community agencies

Method

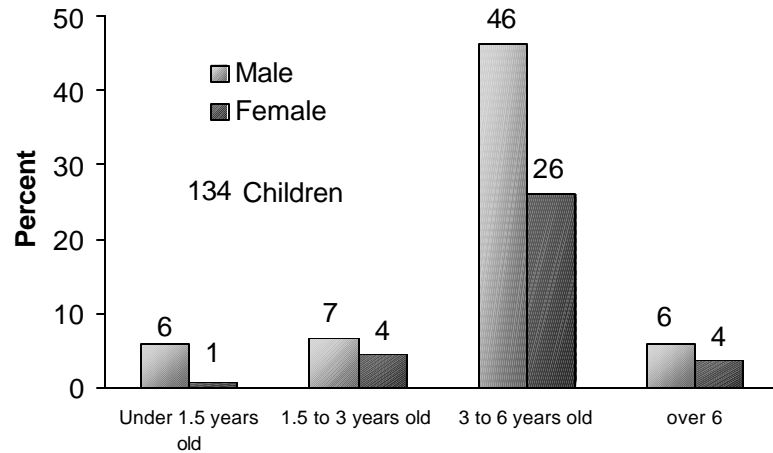
- Six month follow-up interviews over a three year period
- Telephone interviews with independent evaluator

Following is the description of the sample of children and families who chose to participate in the evaluation of direct services. The sample is 134 of the 2392 children and families receiving direct services through June 30, 2003.

Age and Gender

for families who have completed Intake and Six-month Interviews

State



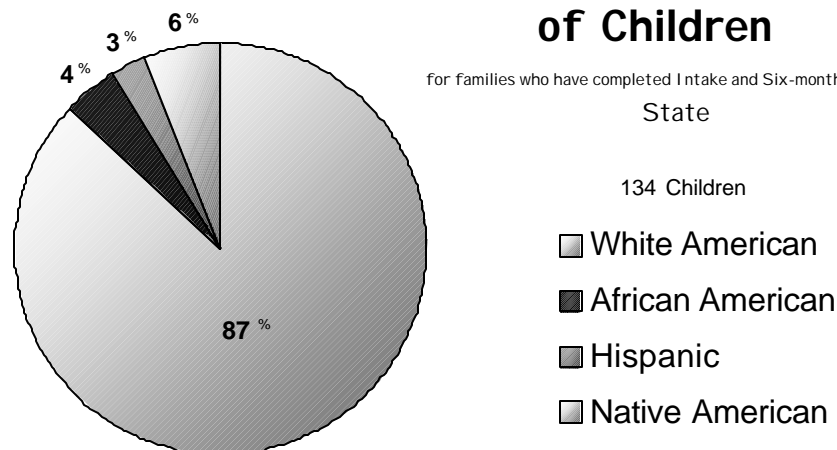
Family Characteristics

CUPS serves families with children from birth to six years old, but the majority of children are in the pre-school age group from three to six years old. The diversity of the children reflects Vermont's population

Primary Race of Children

for families who have completed Intake and Six-month Interviews

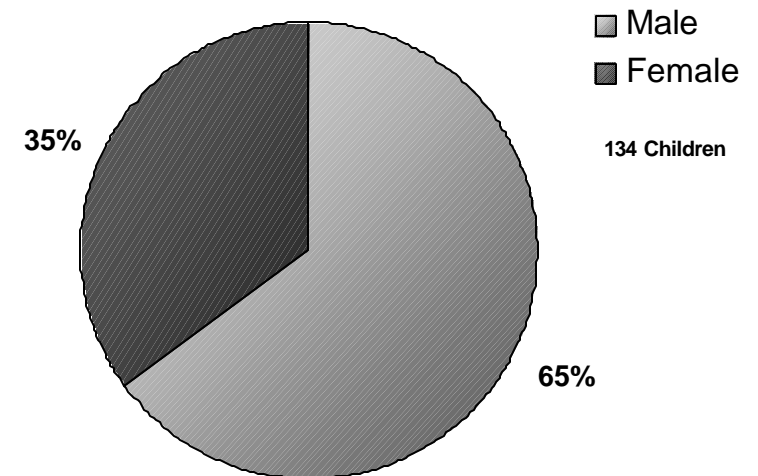
State

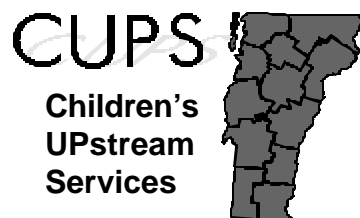


Gender of Children

for families who have completed Intake and Six-month Interviews

State





When families first came into the evaluation, they were asked, "What concerns you most about your child?"

% of
Comments

113 Parents or Caregivers made 167 Comments

56% Behavioral concerns

Temper tantrums, aggressive behavior, angry, hitting, biting, swearing, screaming, hyperactivity

14% Emotional concerns

Anxious, emotional roller coaster, depressed, obsessive, fearful, too dependent, no attachment, oversensitive to transitions, lack of communication

11% Concerns related to learning and development

Will his speech get better? How is she going to learn in school? How is he going to learn to make friends? Her developmental delays; His self-esteem

8% Concerns related to child's health and safety

Has no fear of getting hurt; thinks she is invincible; has a weight problem, has seizures, poor health, accident prone, wandering away

5% Mentioned they had no concerns

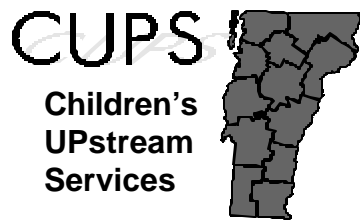
Nothing really, nothing now, can't think of one particular thing

4% Concerns with physical habits and basic needs

He can't sleep at night. toilet training, under/overeating, sleep problems, security blanket, drooling

2% Concerns about abuse

How will his past abuse affect him? Will he ever be the same? He witnessed physical abuse. What will happen to him?



When families first came into the evaluation, they were asked, "Does your child have any illness or disability (either physical or mental)?"

113 Parents or Caregivers made 144 Comments

% of
Comments

49% Mentioned there was no illness or disability

22% Physical illness

Asthma, allergies, bladder problems, bowel blockages, ear infections, migraines, heart problems, hormone imbalance, reflux, eczema, epileptic seizures

14% Developmental delay (cognitive/social)

Speech problems, PDD, Autism, neurological disorders, learning disability, problems with cognitive skills, speech, sensory integration

7% Developmental delay (physical)

Physical disability, cystic fibrosis, premature, cleft palate, stunted physical growth, large motor skills, failure to thrive, poor balance

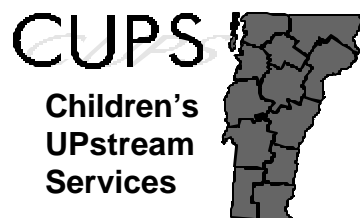
6% Disruptive behavior

Attention Deficit Hyperactivity Disorder (ADHD), Behavior Disorder

1% Emotional Problems

Depression, anxiety, ODD

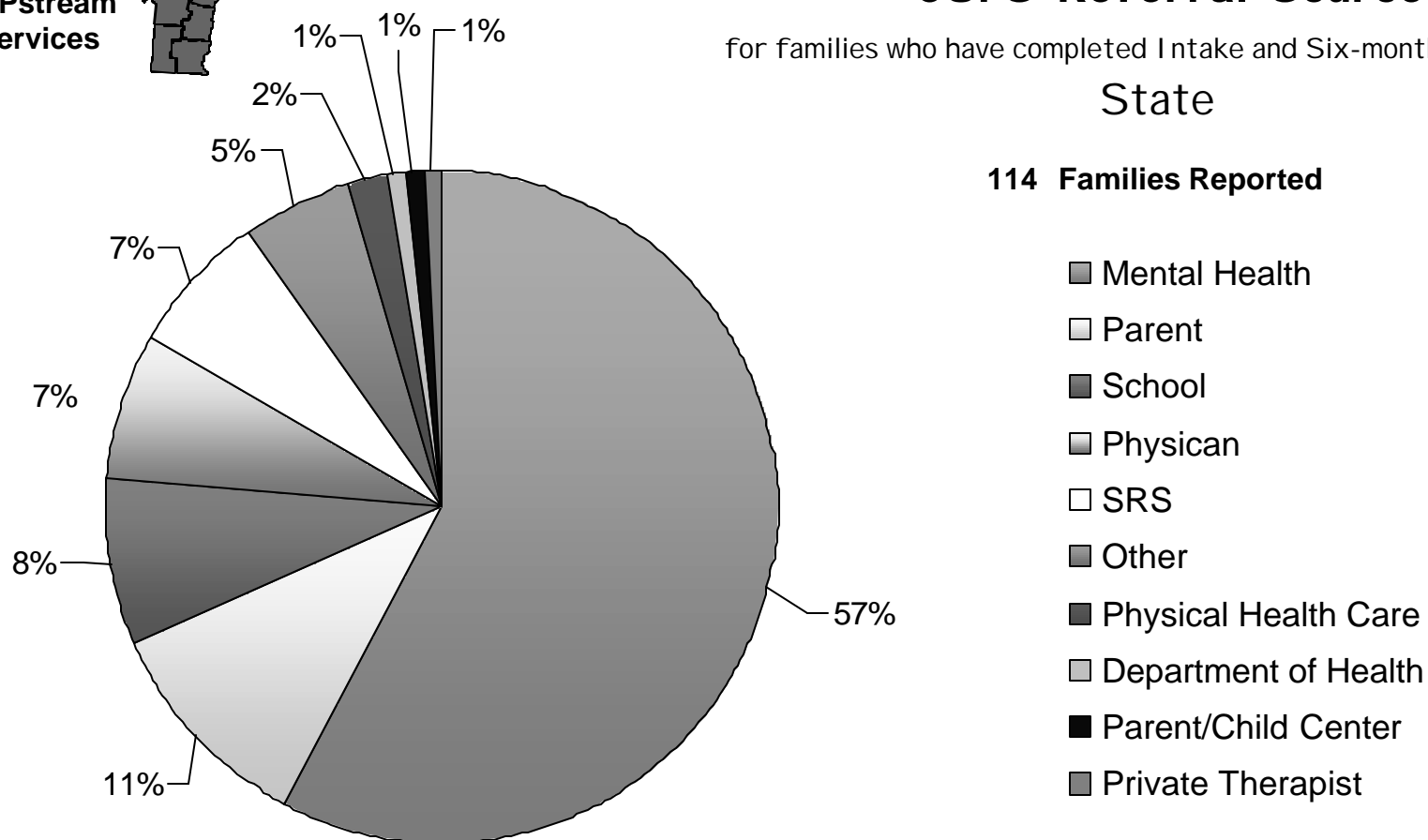
Source: Child Behavior Checklist



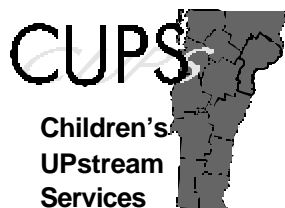
CUPS Referral Source

for families who have completed Intake and Six-month Interviews
State

114 Families Reported



CUPS has become part of the community as seen by the large number of referral sources. There are many places in the community a parent can access support from the early childhood system of care in Vermont.



Children's UPstream Services Family and Child Risk Factors

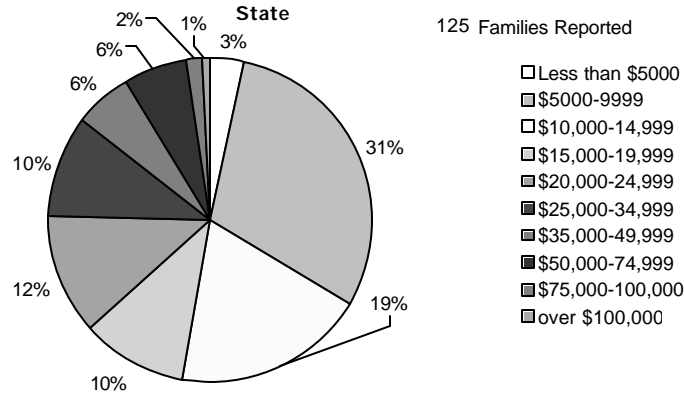
Intake
State of Vermont

	Percent	
	<u>Yes</u>	<u>Number of Families</u>
Family Risk Factors		
Family Violence	35	130
Family Mental Illness	42	130
Psychiatric Treatment for Mental Illness	19	94
Convicted of a Crime	48	130
Family Substance Abuse (ever)	50	127
Substance Abuse Treatment	31	96
Siblings been Institutionalized	3	124
Siblings in Foster Care	9	124
Child Risk Factors		
Child Psychiatric Hospitalization	2	131
Physically Abused	12	130
Sexually Abused	6	127
Runaway	8	131
Suicide	1	131
Child Substance Abuse	0	131
Sexually Abusive to Others	1	131
Expelled from Home	1	131
Chronic Illness	45	131
Medication for Chronic Illness	34	112
Behavioral Health Medication	11	131

These risk factors have been shown to relate to negative outcomes for children and families. It is obvious that the children aren't the only area of concern. Parents or other members of their families have a much higher rate of risk factors than the children. The main risk factor for the children is chronic illness, which is certainly a developmental challenge.

Annual Family Income

at intake for families completing intake and six-month interviews

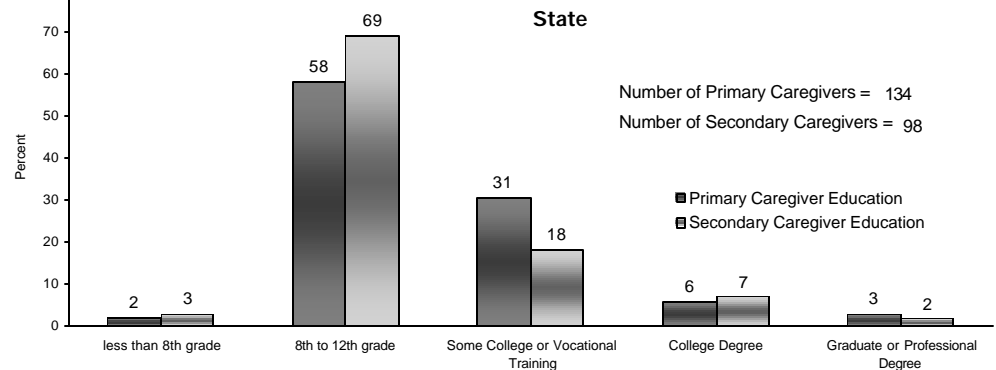


- 49% of the parents are 22 to 30 years old and 1% are less than 18 years old
- 94% of the children are living with one or both parents and the rest are living in a home environment

- 77% of the families don't earn a livable wage
- The majority of the families have a member working. 54% of the primary caregivers and 20% of their partners are unemployed
- 48% of the primary caregivers are married or living with a partner, 19% have never been married and the rest are separated or divorced

Parent Educational Level

at intake for families completing intake and six-month interviews





The following section of the report discusses the observed outcomes for children and families six months after the start of CUPS support.

Has CUPS supported and preserved families with young children who are at-risk of emotional and behavioral problems?



How much do you agree with this statement, "The people who are helping us will stick with us no matter what."?

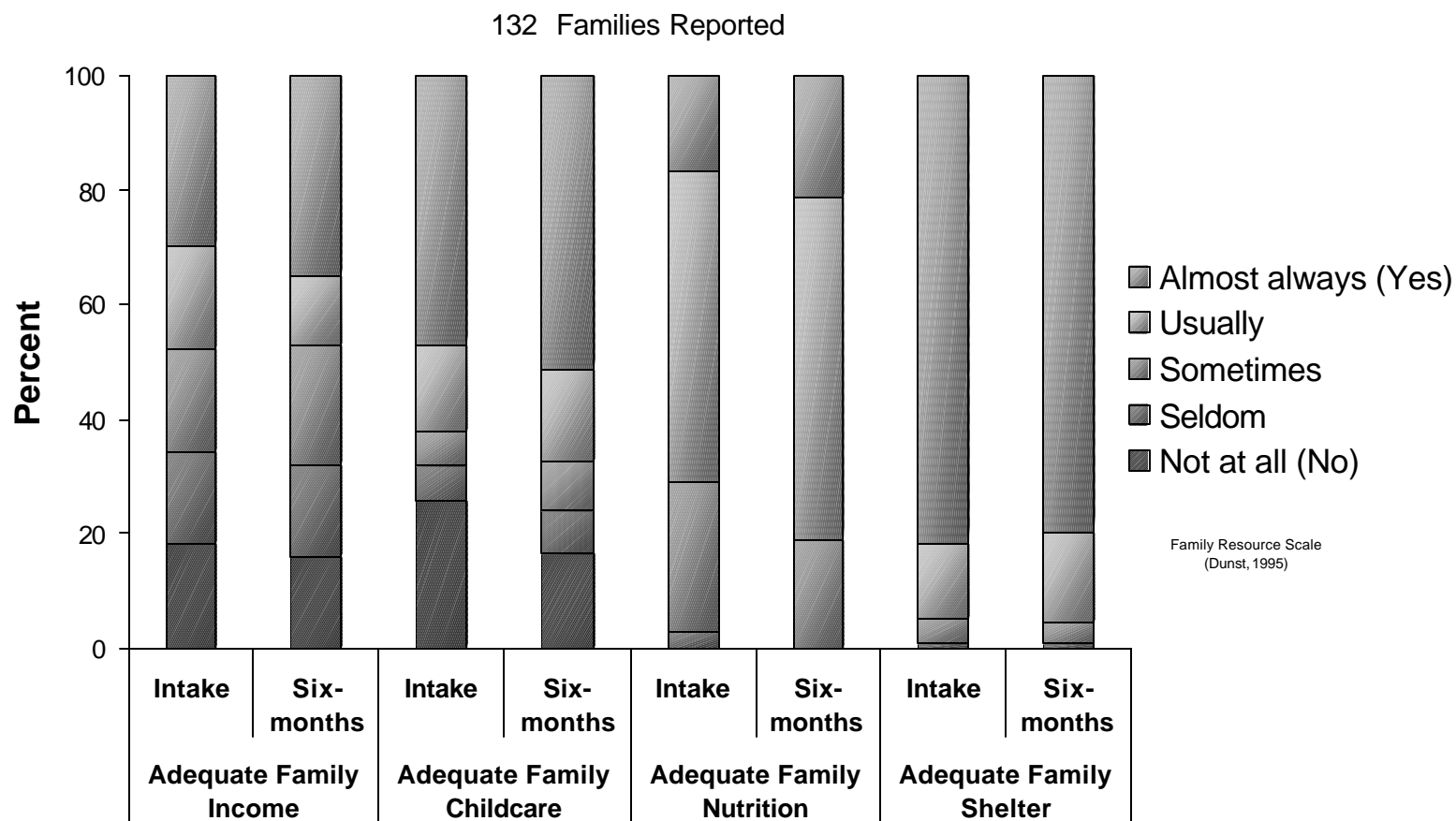
(127 parents reported)

%	%	%
Disagree	Not Sure	Agree
8	17	75

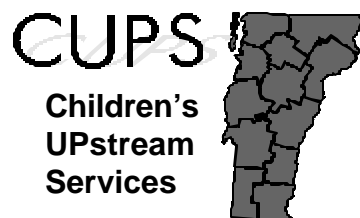


All 133 children for whom we have data were living in a home like environment with only two children in foster care.

Do you have the resources your family needs?



CUPS support isn't designed to increase the material resources available to families receiving direct services. However, it is obvious from the parents' responses that they don't have much of the material support they need to raise their children. Adequate income and the related categories of nutrition and child care are especially large problems. While their housing needs are almost always met. Any lack of these resources is a serious problem.



and (%)
of Families

Child Care Summary

134 Families

89 (66%) of the children in the evaluation received some sort of child care within the first 6 months after entering the evaluation.

51 (38%) had problems finding and maintaining child care.

Why? These are the **56 reasons** they gave:

14 No care available

Can't find any, no openings; there are none where we live

13 Scheduling

Can't find care at times I need it: nights, weekends; they close too early

11 Cost

Cost too much, lost SRS subsidy

7 Child's behavior or special needs of the child

Asthma, other medical

4 Can't find qualified providers

Someone reliable, dependable

4 Want care where siblings can stay together

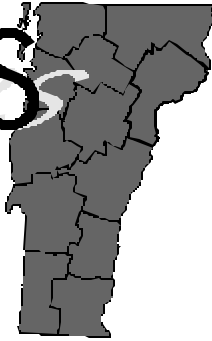
3 Don't have transportation

101 (75%) reported that if they needed someone to look after their child in a health emergency in the middle of the night they definitely could.

14 (10%) received respite in the past 6 months.

CUPS

Children's
UPstream
Services

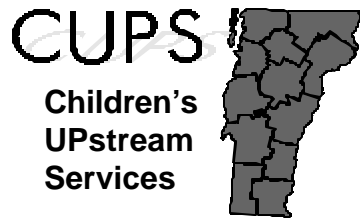


What changes do we expect in six months, on entering school, or at graduation from school?

Developmental Trajectory



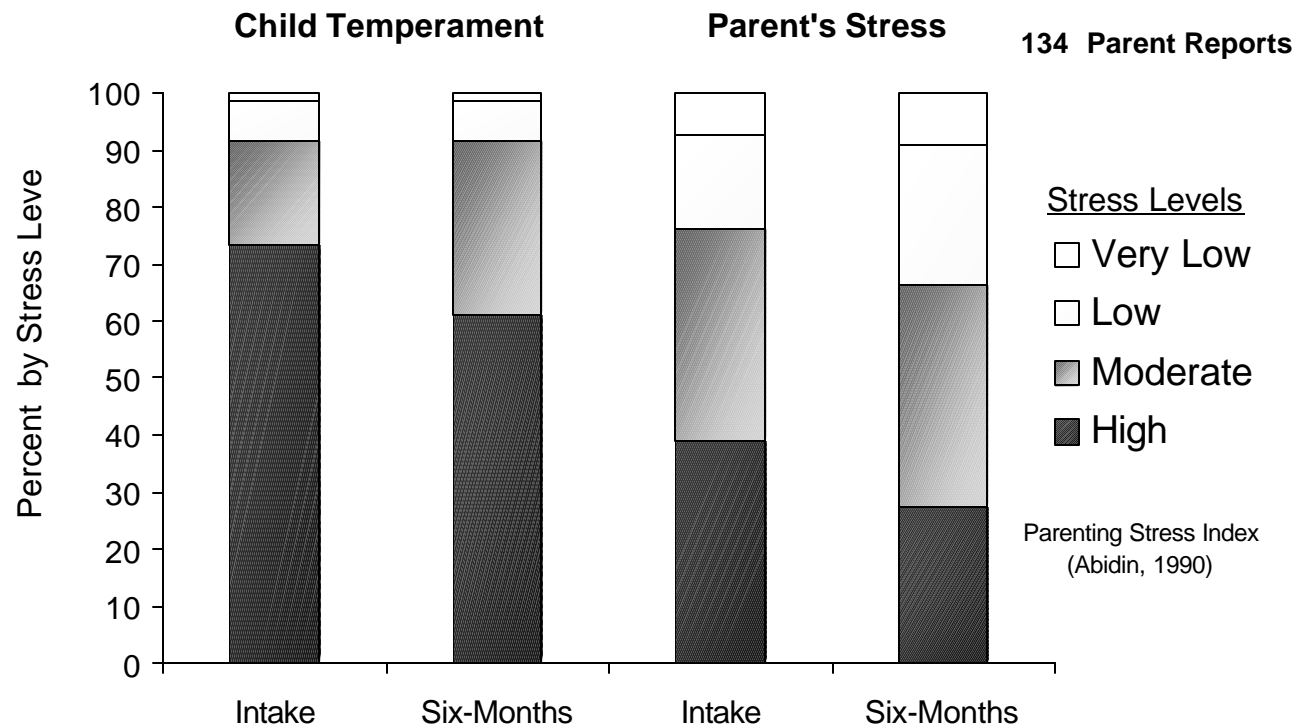
- Children will develop even under adverse conditions though the level of development may not be adequate to fully participate in the community.
- Children will develop to their potentials with adequate support and environmental resources.
- The observable effect on the children of adequate support is expected to become larger with time.
- The individual services evaluation has measured a short period of time. The more important measurement points will be at entry into school, and at graduation.
- A larger positive outcome in this short period of time can be expected for the parents, who have learned more about their children and become more confident in their roles as parents.



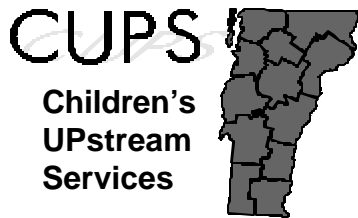
Has CUPS strengthened the behavioral health of families?

Changes in Parental Stress

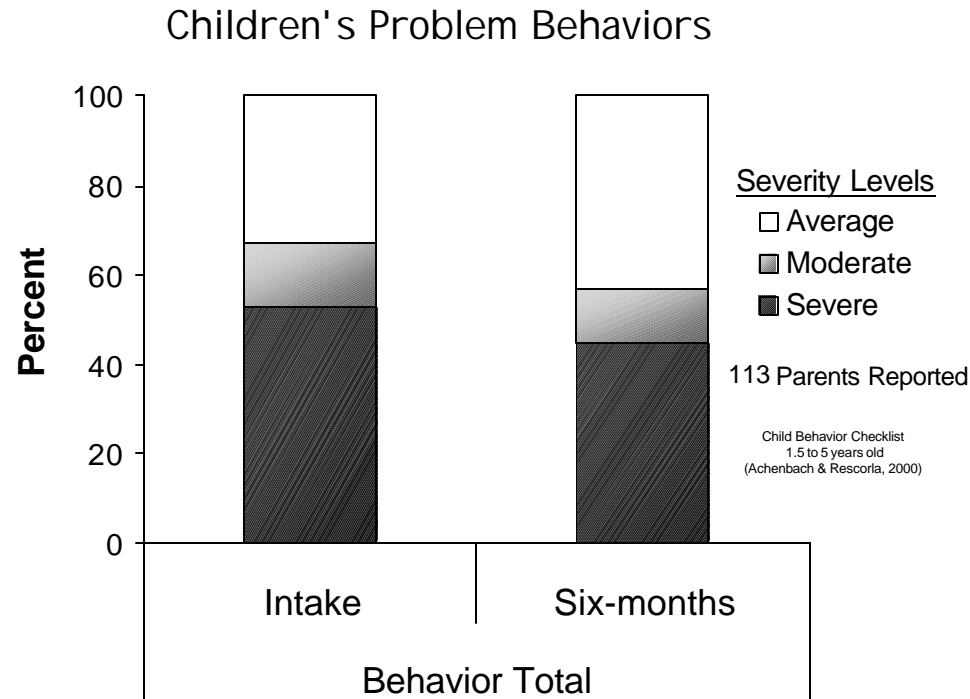
from Intake to Six-months



Parents reported a significant reduction in their stress related to the children's temperament and their own stress as a parent. The gains appear to have been maintained after a year. High stress indicates a need for continued support and was also reduced after six-months. Moderate stress is above average but in the normal range.



Has CUPS increased the incidence of children entering kindergarten with the emotional and social skills to be active learners in school?



Parents reported that their children's behaviors indicative of a severe emotional disturbance decreased significantly, and the gains appear to have been maintained at a year. However, continued mental health services are still indicated for about half of the children and families. Moderate severity indicates a probable need for mental health services and severe indicates a definite need.



Has CUPS supported parental involvement and participation?



How satisfied were you with your level of involvement in planning services for your child?

%	%	%
Dissatisfied	Neutral	Satisfied
5	6	90



How satisfied were you with the number of times you were asked to participate in meetings where services for your child were discussed?

%	%	%
Dissatisfied	Neutral	Satisfied
7	12	81



How often do members of your treatment team, or if you don't have a treatment team, how often does your case worker, ask for your ideas and opinions concerning your child's treatment?

%	%	%	%	%
Never	Seldom	Sometimes	Usually	Always
11	4	15	23	47



Has CUPS increased family satisfaction with the early childhood system of care for young children and their families?



How satisfied were you with your providers' respect for your family's beliefs about mental health (behavioral and emotional issues)?

%	%	%
Dissatisfied	Neutral	Satisfied
6	7	87



How satisfied were you with providers' understanding of your family's traditions (culture)?

%	%	%
Dissatisfied	Neutral	Satisfied
2	9	90



How satisfied have you been with your child's progress in the past six-months?

%	%	%
Dissatisfied	Neutral	Satisfied
9	6	84



Has CUPS increased family satisfaction with the early childhood system of care for young children and their families? Cont.



Overall in the last six-months, did you get the help you wanted?

%	%	%
No	Somewhat	Yes
11	20	69



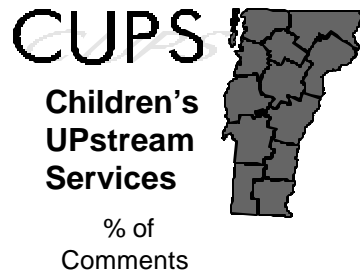
Overall in the last six-months, have the services helped you with your life?

%	%	%
No	Somewhat	Yes
13	13	73



Are you satisfied with how your life is going right now?

%	%	%
No	Somewhat	Yes
14	26	60



What has been the most helpful thing about the services you received?

128 Parents or Caregivers made 193 Comments

26% Taught me about parenting

Parenting skills Anger management Learning what was appropriate for his age
Child behavior Gave me ideas, suggestions

20% Helped me through specific services

Counseling Respite Teen Parent Group Speech Therapy
Daycare Educational Planning One-to-one aide Medication

16% Always someone there to talk to and support me

11% Named specific organizations or people

My CUPS worker, Head Start, Early Education Services, WIC worker, my Reach Up worker, Home Health, Child Development Clinic, Success by Six

10% Said they were satisfied, but had no further comment

9% Helped me with my life

Helped me get a handle on things, go back to work, to finish school, to set goals. Made me feel good. Gave me money. Helped my life be smoother

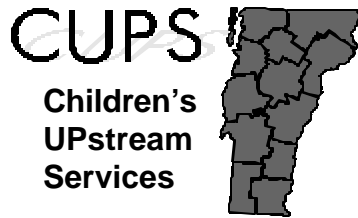
5% Workers treated us well

Followed up, wrote notes, told me what was happening. They were very friendly, consistent, understanding.

3% My child is making progress.

Gets along with other kids better, being more confident, learning to deal with his feelings

Source: Family Satisfaction Questionnaire



What would have improved the services you and your child received over the last 6 months?

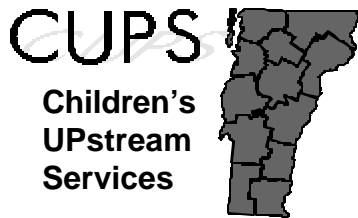
128 Parents or Caregivers made 148 Comments

% of Comments

- 54%** **Did not name anything that would have improved services. They made comments like...**
They've helped us out quite a bit. They do their best.
- 20%** **Better quality of services**
Wished the services had started earlier, had continued longer, had been able to follow my child beyond 6 years old, were in a different location. Wished Medicaid were easier. Have more stuff in the summer from schools. If you have an income, you don't find out about services.
- 14%** **Better quality of workers or relationship with their worker**
Communicate with us more, report back results. Give me more ideas, information. Could be friendlier. Be less pushy. It's hard the way they explain things and write reports. Follow through. Have more experienced workers. Have better qualified workers. Have less worker turnover. More parent involvement.
- 9%** **Named a specific service**

Child Care	Respite	Transportation
One on one aide	Food stamps	Medication
- 3%** **More financial support**

Source: Family Satisfaction Questionnaire



40 Families said they had needs that were not being met at six months. They needed the following help or services...

128 Parents or Caregivers

8 Child care

It puts a strain on the household not being able to work 8 hours a day because you don't have child care; it brings everything down. I need better child care and help paying for it.

8 Money, financial help

Need more money, More financial help with paying the bills

8 Respite

I've been on the waiting list 2 years. I could use a break from both kids. I'm trying to get respite care instead of emergency care.

6 Transportation

Need to get him from school to daycare. It's tough to get him to counseling and doctor's appointments. I need a vehicle.

5 Counseling

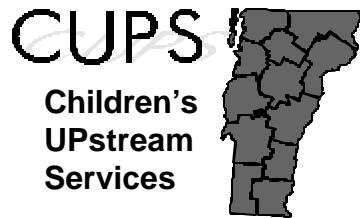
For my child, my husband

3 More parenting classes

More parenting education for single parents, more classes to learn about behavior.

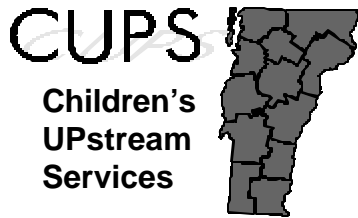
2 Positive male role model

Source: Family Satisfaction Questionnaire



A Big "Thank You" to...

- **Parents and Caregivers**, for taking the time to share your ideas and experiences about the services received through the CUPS process.
- **CUPS Workers**, for encouraging families to participate in the evaluation, for collecting demographic and services data.
- **Patricia Doyle**, for providing insight as to what data about children and families would be useful for legislators to be aware of when considering future funding priorities.
- **Cellular One**, for providing cell phones so that all families could participate in the CUPS evaluation.



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This Report has been produced by the Evaluation Team of the Child, Adolescent and Family Unit of the Vermont Department of Developmental and Mental Health Services in Waterbury, Vermont in collaboration with the Psychology Department of the University of Vermont.

Evaluation Team
Child Adolescent and Family Unit
Vermont Department of Developmental and Mental Health Services
103 South Main Street
Waterbury, Vermont 05671-1601

(802) 241-2650

Department of Developmental and Mental Health Services
Child Adolescent and Family Unit

Director
Charles M. Biss

University of Vermont

Consultant
John D. Burchard

Evaluators
Theodore A Tighe Nancy G. Pandina

Copies of this and other Vermont Community Services Reports, and the State Report are available.

